

2325

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 77

Place of Birth Miami County Dade No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>male</u>			
DATE OF BIRTH* <u>Nov.</u> <u>13</u> - <u>1912</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER		
<u>James Hardin McClinton</u>			
FULL* MAIDEN NAME	MOTHER		
<u>Florence Pearl Davis</u>			

I HEREBY CERTIFY that the child described
herein has been named

Jack Hardin McClinton
(Give name in full) (Surname)

Mrs. Florence McClinton
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

142-1113-642